

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # 10/534428

| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|---------------------------------------|-----------------------------------|----------------|--------------|---------------|
| <input checked="" type="checkbox"/> | Filing | | | \$ <u>225</u> |
| | Amendment | | | \$ |
| | Extension of Time | | | \$ |
| | Notice of Appeal/Appeal | | | \$ |
| | Petition | | | \$ |
| | Issue | | | \$ |
| | Cert of Correction/Terminal Disc. | | | \$ |
| | Maintenance | | | \$ |
| | Assignment | | | \$ |
| | Other | | | \$ |

7 TOTAL AMOUNT OF REFUND \$ 225

8 TO BE REFUNDED BY:

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

Treasury Check

Credit Deposit A/C #:

9 03-2095

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

SIGNATURE: Larry M. Johnson

OFFICE: DDO/ED

TITLE: Supervisor

PHONE: 703-308-9140

X221

***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B